

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
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49							99	
50							100	
TOTAL IND.	3	↓	↓	↓	↓	↓	TOTAL IND.	↓
TOTAL DEP.	4	↓	↓	↓	↓	↓	TOTAL DEP.	↓
TOTAL CLAIMS							TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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